Entry Blank-Please Type or Print ☐ Ms./Artist Mr./Artist (last name last) Address _ Daytime Tel. (2/6) 672-25 area Temporary or Studio Address Street City Daytime Tel. (Zip area If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip Special Instructions Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. ing Fold he Signature I have received the unsold/unaccepted object(s) in good condition.

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

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Materials used (med	ia):				
PLAT	INUM-PAL	LAD	IUM F	PRINT	
Title (UNTIT	LED)				
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1989 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

GREGORY TODD MOCRE						
Name						
1636 2574 5	TREET					
Address						
CUYAHOGA FALL	15, OH 44223-1012					
City & State	Zip					

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	A	☐ Paintings ☐ Graph ☐ Sculpture ☐ Crafts	·	tography		
	Title (UNTITLED)					
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(3)-124	×	To Billion and the second

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT